



# State of Wyoming

## Operator's or Owner's Traffic Accident Report

Read Carefully

Fill Out Completely

MAIL THIS REPORT & REPAIR COST ESTIMATE TO: ACCIDENT RECORDS,  
WYOMING DEPARTMENT OF TRANSPORTATION, P.O. Box 1708, CHEYENNE, WYOMING 82003-1708

The driver of any vehicle involved in an accident resulting in injury, death, or property damage to an apparent amount of \$500.00 or more must file this report within 10 days. If the driver is physically incapable of reporting and is not the owner of the vehicle, then the owner of the vehicle shall submit this report within 10 days after learning of the accident. Your report is CONFIDENTIAL and not open to general public inspection but may be used in the administration of State laws relating to the Deposit of Security or Proof of Financial Responsibility. This report may NOT be used as evidence in any trial, civil or criminal, EXCEPT for PROSECUTION OF FILING A FALSE REPORT. Failure to file this report may result in a fine of not more than \$200.00; imprisonment of not more than 20 days, or both. **NOTE:** Appraisal of damage cost is required, see ESTIMATED REPAIR COST below. **For additional vehicles, attach another form.** **Please use a BLACK INK PEN.**

Date of Accident month day year time circle the Day of Week: Sun Mon Tue Wed Thu Fri Sat Number of VEHICLES Involved: _____ Number of PERSONS Involved: _____ Number Killed: _____ Injured: _____ Pedestrians: _____	Accident Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No Investigated at accident scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Accident on PRIVATE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No Officer's Name _____ Badge _____ <input type="checkbox"/> 1 WYO HWY PATROL <input type="checkbox"/> 4 Other Agency <input type="checkbox"/> 2 CITY POLICE <input type="checkbox"/> 5 NOT Investigated <input type="checkbox"/> 3 SHERIFF'S OFFICE	Accident Involved Your Vehicle and: <input type="checkbox"/> 1 One other vehicle <input type="checkbox"/> 9 Permanent object: <input type="checkbox"/> 2 Two or more vehicles bridge, post, etc. <input type="checkbox"/> 3 Parked vehicle <input type="checkbox"/> 10 Overturned vehicle <input type="checkbox"/> 4 Pedestrian <input type="checkbox"/> 11 Other _____ explain <input type="checkbox"/> 5 Train <input type="checkbox"/> 6 Bicycle, tricycle, etc. <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 8 Animal (type: _____)
--	---	---

Name of COUNTY where accident occurred:	Accident was <input type="checkbox"/> IN <input type="checkbox"/> NEAR	Name of City or Town:
ACCIDENT OCCURRED ON: name of street, road, or highway number	AT INTERSECTION WITH: name of street, road or highway number	
IF NOT AT INTERSECTION: describe how far it is AND direction to the next nearest street, highway, city, permanent landmark, or highway milepost marker (whichever is closer):		

DRIVER of YOUR VEHICLE				DRIVER of OTHER VEHICLE							
Last Name	First	Middle Initial		Last name	First	Middle Initial					
Street Address		Social Security Number		Street Address		Social Security Number					
City		State	ZIP	City		State	ZIP				
Driver's License Number		Class	State	Date of Birth		Driver's License Number		Class	State	Date of Birth	
Driver is <input type="checkbox"/> Male <input type="checkbox"/> Female	Total Persons In Your Vehicle:	Posted Speed Limit:	Your Approx. Speed:	Driver is <input type="checkbox"/> Male <input type="checkbox"/> Female	Total Persons In Vehicle:	Posted Speed Limit:	Their Approx. Speed:				
Employer		Occupation		Employer		Occupation					
Home Phone:		Business Phone:		Home Phone:		Business Phone:					
Vehicle Owner's Name <input type="checkbox"/> same as driver				Vehicle Owner's Name <input type="checkbox"/> same as driver							
Street Address		City	State	ZIP		Street Address		City	State	ZIP	
Vehicle Identification Number		License Plate No.	State	Vehicle Identification Number		License Plate No.	State				
Vehicle Year	Make	Body Style	Model	Vehicle Year	Make	Body Style	Model				

Shade the damaged parts of your vehicle:	OFFICIAL Repair Cost Estimate \$	OFFICIAL Repair Cost Estimate \$	Shade the damaged parts of the other vehicle:
	<b>NOTE: Estimated Repair Cost</b> Whenever damage occurs to a motor vehicle, the operator <u>shall attach</u> to this accident report an estimate of repairs or a statement of the total loss from an established repair garage, or an insurance adjustor employed by an insurer, licensed to do business in this State.		

LIST DAMAGED PROPERTY OTHER THAN TO VEHICLES INVOLVED			Property Repair Cost Estimate \$
Property Owner	Address	City	State

COMPLETE THIS SECTION Do NOT Detach!		<b>Wyoming Insurance Certificate</b> <b>SR21</b>		The Department of Transportation will mail this section to your insurance company.	
DATE OF ACCIDENT _____		PLACE OF ACCIDENT _____		COUNTY _____	
NAME OF HIGHWAY ROUTE OR TOWN _____					
YOUR VEHICLE DESCRIPTION:		VEHICLE IDENTIFICATION NUMBER _____			
DRIVER'S NAME		DRIVER'S ADDRESS _____			
OWNER'S NAME		OWNER'S ADDRESS _____			
NAME OF THE INSURANCE COMPANY WHICH ISSUED POLICY (NOT the agency name)			POLICY NUMBER _____		
NAME OF POLICY HOLDER		ADDRESS OF POLICY HOLDER _____			
DRIVER'S LICENSE NUMBER _____		DRIVER or OWNER SIGNATURE of person making this report: _____			